

Independent Healthcare Inspection Report (Announced)

Pure Perfection Clinic, Denbighshire

Inspection date: 18 April 2023

Publication date: 19 July 2023



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Digital ISBN 978-1-83504-371-4

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

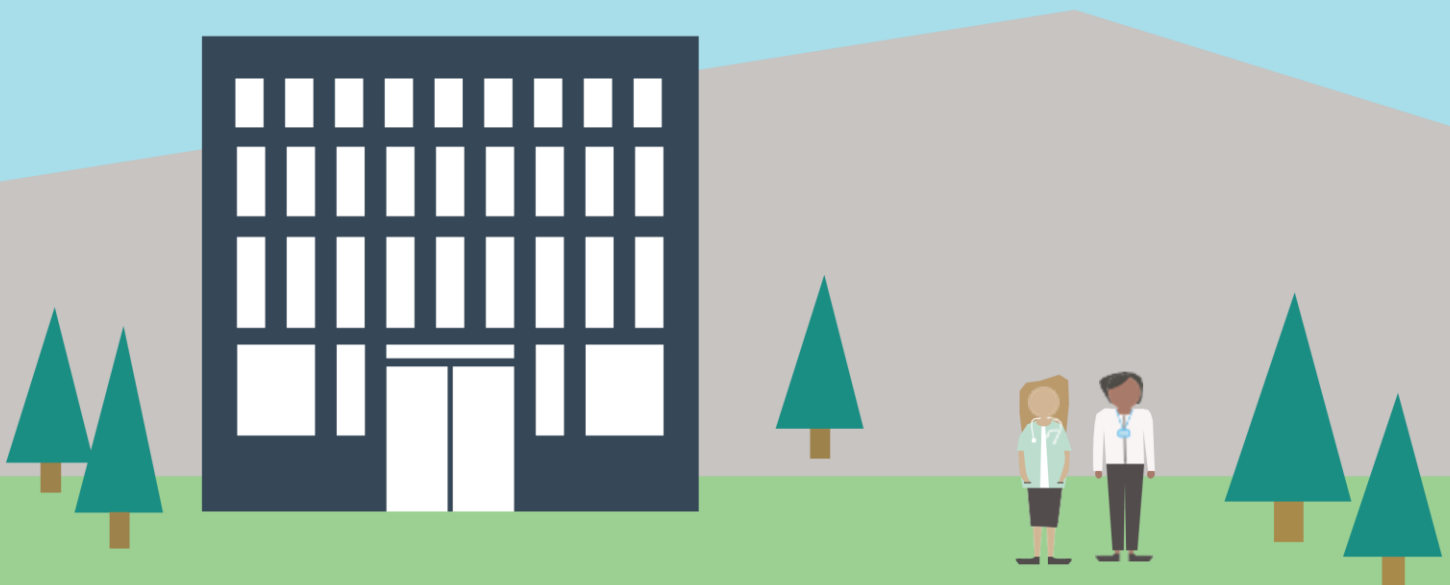
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Pure Perfection Clinic on 18 April 2023.

The inspection was conducted by a HIW Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that Pure Perfection Clinic was committed to providing a positive experience for patients in a pleasant environment with friendly and professional staff.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- The clinic is committed to providing a positive experience for patients
- The clinic was very clean and tidy
- Staff were polite, caring and listened to patients
- Bilingual service offered
- The clinic had a system in place for seeking the views of patients.

Delivery of Safe and Effective Care

Overall summary:

We found that Pure Perfection Clinic was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The clinic was very well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were very clean and free from any visible hazards.

There were good arrangements in place to ensure that the laser machine was used appropriately and safely.

The registered manager and staff were very knowledgeable, professional and demonstrated their understanding of where and how to access advice and guidance.

We found evidence that patients were provided with safe and effective care.

This is what the service did well:

- The clinic and treatment room had been designed and finished to a high standard
- Treatment room was clean, well equipped and fit for purpose
- Patients were provided with enough information to make an informed decision about their treatment
- We saw evidence that patients were satisfied with their treatments and services provided
- Patient notes were of a good standard.

Quality of Management and Leadership

Overall summary:

Pure Perfection Clinic has an established team with good leadership and clear lines of accountability.

The day to day management of the clinic was the responsibility of the clinic manager, who we found to be very committed to providing high quality patient care.

We observed that the staff team worked very well together and were committed to providing a high standard of care for patients.

This is what the service did well:

- We saw certificates showing that authorised users of the laser machine had completed the Core of Knowledge training and training on how to use the laser machine
- Patient information was kept securely
- We saw that all staff worked well together as part of a team.

This is what we recommend the service can improve:

- Implement a system to evidence that all staff have read and understood the clinic' policies.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection, we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received nine responses.

Eight patients who completed a questionnaire rated the service provided as very good and one as good. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

“Friendly and professional.”

“Always clean.”

“Everyone is extremely knowledgeable, friendly and welcoming. Everything clean, tidy and all questions answered thoroughly and made to feel at ease. Such a lovely place to come to.”

“Staff make me feel very welcome, always greeted with a smile.”

Health protection and improvement

We viewed the changes that had been made to the environment of the clinic in response to COVID-19. To protect against the risk posed by the virus, we saw alcohol hand gel dispensers placed at strategic locations throughout the clinic.

We saw that patients were asked to complete and sign a medical history form at the start of each treatment.

Dignity and respect

All patients who completed a questionnaire confirmed that staff treated them with dignity and respect when visiting the clinic.

We saw that the door to the treatment room was lockable, and staff confirmed they locked the door during treatment to maintain privacy. Patients were provided with privacy towels to protect their dignity and patients were left alone to undress if necessary.

Consultations with patients were carried out in the treatment room, to ensure that confidential and personal information could be discussed without being overheard.

All patients who completed a questionnaire confirmed that staff explained what they were doing throughout the treatment and that staff listened to them and answered any questions. One Patient told us:

“Everyone is extremely knowledgeable, friendly and welcoming. Everything clean, tidy and all questions answered thoroughly and made to feel at ease. Such a lovely place to come to.”

There was a space available for staff to have conversations with patients in private if required, to maintain confidentiality.

Communicating effectively

A statement of purpose and a patients’ guide was available for patients to take away. The statement of purpose included relevant information about the services being offered.

The clinic has a website and leaflets which provide information on available treatments.

We looked at a sample of patients' records and found evidence that there was a clear and transparent approach to treatment pricing.

The registered manager who is one of the laser operators is a fluent Welsh speaker, which helps to meet the needs of Welsh speaking patients.

Patient information and consent

All patients who completed a questionnaire agreed that staff listen to them during their appointment and that they have been given enough information about their treatment, including the risks, different treatment options, cost and after care services.

Patients were provided with a thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered. Detailed patient information leaflets were available.

We were told that all patients were given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. Patients were asked to provide written consent at the start of each course of treatment.

Care planning and provision

There were detailed individual patient notes available, with evidence of good record keeping processes. There was good documentation in place covering skin type, consent to treatment and medical history.

A treatment register was maintained and treatment information was also recorded within individual patient files.

All patients who responded to the questionnaire confirmed that they complete a medical history form and / or had their medical history form checked before undertaking any treatment. Patients also confirmed that they signed a consent form before receiving new treatment.

Equality, diversity and human rights

There was good access to the building. However, access for people with reduced mobility is restricted due to stairs leading down into the laser treatment room. However, the clinic will provide clients who are unable to access the treatment room with details of an alternative provider if necessary. There are also ample car parking facilities at the premises.

Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. Patient feedback analysis is published on the clinic website demonstrating that feedback is acted upon and is used to influence changes to service delivery.

Patients could provide feedback at the end of each treatment via a questionnaire and on social media. Feedback and comments could also be made anonymously.

Delivery of Safe and Effective Care

Managing risk and health and safety

We saw that Portable Appliance Testing (PAT) had been conducted, to help ensure that small electrical appliances were safe to use. We also saw that a building electrical wiring check had been undertaken within the last five years.

We looked at the arrangements for fire safety and found that the fire extinguishers had been serviced annually and fire exits were clearly signposted.

Fire risk assessments were in place, and we saw that these had been regularly reviewed. We were told that regular fire alarm tests and quarterly fire drills were taking place. However, records for the fire drills were not available during the inspection. The registered manager confirmed they had conducted internal fire safety training.

The registered manager must forward copies of the fire drill logs to HIW.

There was an emergency first aid kit available, and one member of staff trained in first aid.

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly very clean and tidy. We discussed the infection control arrangements with the clinic manager and registered manager and considered these to be appropriate to protect patients from cross infection.

There were no concerns expressed by patients over the cleanliness of the clinic. All of the patients who completed a questionnaire felt that the environment was very clean. Patients provided the following comments:

“Always clean.”

Clinical waste was disposed of appropriately and we saw that there was a contract in place with an approved waste carrier. However, we recommend that the clinic arranges for the hazardous (clinical) waste bin, which is stored in the car park, to be secured to the wall while awaiting collection. We received photographic evidence following the inspection to show that this had been done.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 18 years old. The registered manager confirmed that this was complied with.

The registered manager described how they would deal with any safeguarding issues. Policies were in place for safeguarding vulnerable adults. There were clear

procedures to follow in the event of any safeguarding concerns which included the local safeguarding referral team contact details. We saw evidence that staff had received training in adult safeguarding.

Medical devices, equipment and diagnostic systems

The laser machine had an annual service and calibration certificate which was in date. There were treatment protocols in place for the use of the laser machine and these had been approved by an expert medical practitioner.

There was a contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machines. The local rules had been regularly reviewed by the LPA and signed by the laser operators.

Safe and clinically effective care

Eye protection was available for patients and the laser operators. The eye protection appeared in good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There were signs on the outside of the treatment room to indicate when the laser machine was in use. The registered manager also confirmed that the treatment room door is locked when the machine is in use in order to prevent unauthorised access. We were told that the machine is kept secure at all times and can only be activated by a key code and password, preventing unauthorised operation.

A risk management policy was available for us to view on the day of inspection. The environmental risk assessments had recently been reviewed by the LPA.

Participating in quality improvement activities

There were suitable systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager regularly seeks the views of patients as a way of informing care, conducts audits of records to ensure consistency of information and assesses risks in relation to health and safety. The registered manager also regularly uses mystery shoppers to pose as real clients to assess the customer service provided by staff.

Records management

We found that patient records were kept securely at the service. We examined five samples of patient records and found that these were maintained to a good standard.

Quality of Management and Leadership

Governance and accountability framework

Pure Perfection Clinic is owned and run by the registered manager.

We looked at a sample of policies and procedures and saw that these had been reviewed regularly and contained version and / or review dates. Any changes to policies or procedures are brought to the attention of staff. We recommend that the clinic introduces a system to evidence that all staff have read and understood the policies.

The registered manager must implement a system to evidence that staff have read and understood the policies.

We were informed by the clinic manager that there were clear lines of accountability at the clinic, and staff were clear about their roles and responsibilities.

Dealing with concerns and managing incidents

There was a detailed complaints policy in place. The complaint procedure was also included within the statement of purpose.

The practice has a system in place to log formal and informal complaints and concerns.

Workforce planning, training and organisational development

We saw certificates showing that all authorised users of the laser machine had completed the Core of Knowledge training and training by the manufacturer on how to use the laser machines.

Workforce recruitment and employment practices

The registered manager stated that the current staff team is well established and described the recruitment processes. Vacant posts are advertised, with prospective staff interviewed and references sought. Newly appointed staff are expected to undertake a period of induction.

Authorised users would not use the laser machines without appropriate training and Disclosure and Barring Service (DBS) checks undertaken.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection			

Appendix B - Immediate improvement plan

Service: Pure Perfection Clinic

Date of inspection: 18 April 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan was required for this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Pure Perfection Clinic

Date of inspection: 18 April 2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must forward fire drill logs to HIW.	Regulation 26 (4) (d)	Fire training on Friday 17 th June. Drill log uploaded	Marianne Burrell	8 th June 2023
The registered manager must implement a system to evidence that staff have read and understood the policies.	Regulation 21	Sheet with all policies listed. Staff signatures and date to evidence policy has been read	Marianne Burrell	8 th June 2023

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Marianne Burrell

Job role: Clinic Manager

Date: 7th June 2023